

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014631

DEPT. OF PUBLIC HEALTH AND WELFARE

Registration District No. 391

Primary Registration District No. 4505

Registrar's No. 4

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bell City		Length of stay in 1b 3 years	c. CITY OR TOWN Wyatt
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shetley Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Not named or numbered
3. NAME OF DECEASED (Type or print) First Middle Last DANIEL HOSEA WAGNER		4. DATE OF DEATH Month Day Year March 3, 1963	
5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-2-1877
9. AGE (last birthday) 85		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Salisbury, North Carolina
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME David Wagner (d)	
13b. MOTHER'S MAIDEN NAME Minerva Summerfield (d)		14. NAME OF HUSBAND OR WIFE Bertha Taylor Wagner (dec'd)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. B. B. Wagner, R#1, Bertrand, Missouri	
17. INFORMANT B. B. Wagner, R#1, Bertrand, Missouri		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Anoxia DUE TO (b) Circulatory Failure DUE TO (c) Arteriosclerotic Heart Disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Not related to the terminal disease condition given in PART I (a)) Congestive Heart Failure		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. 7:55	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1959 to 3-3-63 and last saw him alive on 3-2-63 Death occurred at 7:55 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) J. C. Masters, Jr.		22b. ADDRESS Adams, Mo.	22c. DATE SIGNED 3-5-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 5, 1963	23c. NAME OF CEMETERY OR CREMATORY Union Grove Cemetery	23d. LOCATION (City, town, or county) (State) Kenton, Tennessee
24. FUNERAL DIRECTOR Nunnelee Funeral Chapel, Sikeston, Mo.		25. DATE REC'D. BY LOCAL REG. 3/5/63	26. REGISTRAR'S SIGNATURE Bernice Moore

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward E. J. J. J. J.

Licensed Embalmer No. 4164

P. O. Address Shelby, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.